



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
FIDM : MAIL STOP B-40
PO BOX 460
RANCHO CORDOVA, CA 95741-0460

INFORMATION HOTLINE: (916) 845-6304

WAIVER REQUEST FORM

FTB will consider waiver requests from the Financial Institution Data Match requirements under one of three conditions: 1) the total number of active accounts held by the institution is less than 250; 2) the institution does not maintain account information on a computerized record keeping system; or 3) the required system modifications constitute an initial burden to institutions with complex system changes (i.e. Year 2000).

YOUR INSTITUTION

Name: _____ FEIN: _____
Contact: _____ Phone: _____
Street address: _____ Mailing address (if different from street address): _____

ACTION

- ☐ Request waiver for the entire calendar year _____.
- ☐ Request waiver for part of calendar year _____.

Please specify the quarters for which you are requesting a waiver:

- ☐ quarter 1
☐ quarter 2
☐ quarter 3
☐ quarter 4

Requests for waivers will be valid for a maximum of one year only and must be submitted by October 15th for the succeeding calendar year.

QUESTIONNAIRE

1. Do you have more than 250 active accounts?
☐ Yes ☐ No
Actual number: _____
2. Are your accounts available on a computerized record keeping system?
☐ Yes ☐ No ↑ When do you plan to implement computerized record keeping?
Date _____
3. If you are facing complex systems changes that will impair your ability to meet the data match requirement, when do you plan to implement the required changes?
Date _____

AUTHORIZED REPRESENTATIVE

Under penalty of perjury of the laws of the State of California, I declare that I have examined this form, including any accompanying statements, and to the best of my knowledge and belief it is true, correct and complete. Further, I declare that the financial institution I represent meets one of the three waiver qualifications listed on this form.

Name (please print): _____ Title: _____
Signature: _____ Date: _____

INSTRUCTIONS

GUIDELINES

The Franchise Tax Board (FTB) will consider waivers from the Financial Institution Data Match (FIDM) requirements under one of three conditions:

- 1) the total number of active accounts held by your institution is less than 250;
- 2) your institution does not maintain account information on a computerized record keeping system;
or
- 3) the required system modifications constitute an initial burden to institutions with complex system changes (such as complex Year 2000 changes).

DUE DATE

This waiver request form must be completed in full and sent to FTB by October 15 for the succeeding calendar year.

If you request a waiver and have not heard a response (either positive or negative) from the Franchise Tax Board by November 30, please call the FIDM Help Desk at (916) 845-6304.

DEFINITIONS

Contact/Phone

The name and telephone number of the person who will serve as the contact between FTB and your institution.

FEIN

Federal Employer Identification Number.

Authorized Representative

This section must be completed and signed by an officer or executive of your institution.

MAIL YOUR COMPLETED WAIVER REQUEST FORM TO:

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For assistance call the FIDM Help Desk at (916) 845-6304.